PLACE OF BIRTH

1. County of _Gila_

District of _Miami_

Town of _____

or ____

City of _____

No. _____ St. _____ Ward ____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. _157_

County Registrar No. _296_

Local Registrar No. _____

2. Full name of child _Evangeline Sesma_

3. Sex of Child _Female_

To be answered ONLY in event of plural births.

4. Twin, triplet or other _____

5. No., in order of birth _____

6. Legitimate? _Yes_

7. Date of birth _July 10 1927_
Month day year

If child is not yet named, make supplemental report, as directed.

8. FATHER	14. MOTHER
Full name _Edmund Sesma_	Full maiden name _Andrea Fernandez_
9. Residence (Usual place of abode)	15. Residence (Usual place of abode)
If nonresident, give place and state _Miami_	If nonresident, give place and state _Miami_
10. Color or race _Mex_	16. Color or race _Mex_
11. Age at last birthday _29_ (Years)	17. Age at last birthday _20_ (Years)
12. Birthplace (city or place) _Florence_	18. Birthplace (city or place) _Tucson Ariz_
(State or country) _Arizona_	(State or country)
13. Occupation Nature of industry _Mine_	19. Occupation Nature of industry _H.W._

20. Number of children of this mother
(Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living _2_
(b) Born alive but now dead _0_
(c) Stillborn _0_

21. Were precautions taken against ophthalmia neonatorum? _yes_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ at _1_ _/_ _m._ on the date above stated.
(Born alive or stillborn.)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth.

Signature _____
(Physician or midwife)

Address _Miami _____

Given name added from a supplemental report _____

Filed _July 15, 1927_ _____
Local Registrar.

Month, day, year.
_521- 710- 169_

Registrar.

Filed _____, 19____

County Registrar.